

06-22-01

**UTILITY
PATENT APPLICATION
TRANSMITTAL**(Only for new nonprovisional applications
under 37 CFR 1.53(b))

Attorney Docket No.	8593
First Inventor	John Joseph Curro et al.
Assignee	The Procter & Gamble Company
Title	Applications for Substance Encapsulating Laminate Web
Express Mail Label No.	EL618955092US

APPLICATION ELEMENTS

See MPEP Chapter 600 concerning utility patent application contents.

ADDRESS TO:

Commissioner for Patents
Box Patent Application
Washington, D.C. 20231

- | | |
|---|--|
| <p>1. <input checked="" type="checkbox"/> Fee Transmittal Form (e.g., PTO/SB/17)
(Submit an original, and a duplicate for fee processing)</p> <p>2. <input type="checkbox"/> Applicant claims small entity status
(see 37 CFR §1.27)</p> <p>3. <input checked="" type="checkbox"/> Specification Total Pages [31]
(preferred arrangement set forth below)</p> <ul style="list-style-type: none">- Descriptive Title of the Invention- Cross References to Related Applications- Statement Regarding Fed sponsored R&D- Reference to sequence listing, a table, or a computer program listing appendix- Background of the Invention- Brief Summary of the Invention- Brief Description of the Drawings (if filed)- Detailed Description- Claim(s)- Abstract of the Disclosure <p>4. <input checked="" type="checkbox"/> Drawing(s) (35 USC §113) Total Sheets [9]</p> <p>5. Oath or Declaration Total pages [2]</p> <ul style="list-style-type: none">a. <input checked="" type="checkbox"/> Newly executed (original or copy)b. <input type="checkbox"/> Copy from a prior application (37 CFR §1.63(d))
(for continuation/divisional with Box 18 complete)i. <input type="checkbox"/> DELETION OF INVENTORS
Signed statement attached deleting inventor(s)
named in the prior application,
see 37 CFR §§1.63(d)(2) and 1,33(b). <p>6. <input type="checkbox"/> Application Data Sheet. See 37 CFR §1.76</p> | <p>7. <input type="checkbox"/> CD-ROM or CD-R in duplicate, large table or Computer Program (Appendix)</p> <p>8. Nucleotide and/or Amino Acid Sequence Submission
(if applicable, all necessary)</p> <ul style="list-style-type: none">a. <input type="checkbox"/> Computer Readable Form (CRF)b. Specification Sequence Listing on:<ul style="list-style-type: none">i. <input type="checkbox"/> CD-ROM or CD-R (2 copies); orii. <input type="checkbox"/> Paperc. <input type="checkbox"/> Statement verifying identity of above copies |
|---|--|

ACCOMPANYING APPLICATION PARTS

- | | |
|--|--|
| 9. <input type="checkbox"/> Assignment Papers (cover sheet & document(s)) | |
| 10. <input type="checkbox"/> 37 CFR 3.73(b) Statement | <input type="checkbox"/> Power of Attorney
(when there is an assignee) |
| 11. <input type="checkbox"/> English Translation Document (if applicable) | |
| 12. <input type="checkbox"/> Information Disclosure | <input type="checkbox"/> Copies of IDS
Statement (IDS)/PTO-1449 Citations |
| 13. <input type="checkbox"/> Preliminary Amendment | |
| 14. <input checked="" type="checkbox"/> Return Receipt Postcard (MPEP 503)
(Should be specifically itemized) | |
| 15. <input type="checkbox"/> Certified Copy of Priority Document(s)
(if foreign priority is claimed) | |
| 16. <input type="checkbox"/> Nonpublication Request under 35 U.S.C.
122(b)(2)(B)(i). Applicant must attach form
PTO/SB/35 or its equivalent. | |
| 17. <input type="checkbox"/> Other: | |

18. If a CONTINUING APPLICATION, check appropriate box and supply the requisite information below and in a preliminary amendment, or in an Application Data Sheet under 37 CFR §1.76:☐ Continuation ☐ Divisional ☒ Continuation-in-part (CIP)

of prior application Nos. 09/467,938,

09/584,676 and PCT US00/34746

Prior application information:

Examiner:

Group/Art Unit: 1771

For CONTINUATION OR DIVISIONAL APPS only: The entire disclosure of the prior application, from which an oath or declaration is supplied under Box 5b, is considered a part of the disclosure of the accompanying continuation or divisional application and is hereby incorporated by reference. The incorporation can only be relied upon when a portion has been inadvertently omitted from the submitted application parts.

19. CORRESPONDENCE ADDRESS☒ Customer Number or Bar Code Label

(Insert Customer No. or Attach bar code label here)

27752

Name (Print/Type)	Angela Marie Stone	Registration No. (Attorney/Agent)	41,335
Signature	Angela Marie Stone	Date	06/21/01

+ Burden Hour Statement: This form is estimated to take 0.2 hours to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, Patent and Trademark Office, Washington, D.C. 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, Box Patent Application, Washington, D.C. 20231.

06/21/01

1c960 U.S. PTO

PTO/SB/17 (10/00)

Approved for use through 10/31/2002. OMB 0651-0032
Patent and Trademark Office: U.S. DEPARTMENT OF COMMERCE
Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number**FEE TRANSMITTAL
for FY 2001**

Patent fees are subject to annual revision.

Complete if Known

Application Number	
Confirmation Number	
Filing Date	
First Named Inventor	JOHN JOSEPH CURRO et al.
Examiner Name	
Group/Art Unit	
Attorney Docket No.	8593

TOTAL AMOUNT OF PAYMENT (\$950.00)**METHOD OF PAYMENT (check one)**

1. ☒ The Commissioner is hereby authorized to charge indicated fees and credit any over payments to:

Deposit Account Number 16-2480

Deposit Account Name The Procter & Gamble Company

- ☒ Charge Any Additional Fee Required Under status. See 37 CFR §127
37 C.F.R. §§1.16 and 1.17

FEE CALCULATION**BASIC FILING FEE – Large Entity**

Code	(\$)	Fee Description	Fee Paid
101	710	Utility filing fee	[710.00]
106	320	Design filing fee	
107	490	Plant filing fee	
108	710	Reissue filing fee	
114	150	Provisional filing fee	

SUBTOTAL (1) (\$)[710.00]**2. EXTRA CLAIM FEES – Large Entity**

	Extra Claims	Below Fee	Fee Paid
Total Claims	[6] - 20** = [] x	[] =	[0]
Independent Claims	[6] - 3** = [3] x	[80.00] =	[240.00]
Multiple Dependent		[] =	[]

** or number previously paid, if greater; For Reissues, see below

Code	(\$)	Fee Description
103	18	Claims in excess of 20
102	80	Independent claims in excess of 3
104	270	Multiple dependent claim, if not paid
109	80	**Reissue independent claims over original patent
110	18	**Reissue claims in excess of 20 & over original patent

SUBTOTAL (2) (\$)[240.00]**FEE CALCULATION (continued)****3. ADDITIONAL FEES**

Code	(\$)	Fee Description	Fee Paid
105	130	Surcharge-late filing fee or oath	
127	50	Surcharge-late provisional filing fee or cover sheet	
139	130	Non-English specification	
147	2,520	For filing a request for <i>ex parte</i> reexamination	
112	920*	Requesting publication of SIR prior to Examiner's action	
113	1,840*	Requesting publication of SIR after Examiner's action	
115	110	Extension for reply within 1 st month	
116	390	Extension for reply within 2 nd month	
117	890	Extension for reply within 3 rd month	
118	1,390	Extension for reply within 4 th month	
128	1,890	Extension for reply within 5 th month	
119	310	Notice of Appeal	
120	310	Filing a brief in support of an appeal	
121	270	Request for oral hearing	
138	1,510	Petition to institute a public use proceeding	
140	110	Petition to revive - unavoidable	
141	1,240	Petition to revive - unintentional	
142	1,240	Utility issue fee (or reissue)	
143	440	Design issue fee	
144	600	Plant issue fee	
122	130	Petitions to the Commissioner	
123	50	Petitions related to provisional applications	
126	180	Submission of Information Disclosure Statement	
146	710	Filing a submission after final rejection (37 CFR § 1.129(a))	
149	710	For each additional invention to be examined (37 CFR §1.129(b))	
179	710	Request for Continued Examination (RCE)	
169	710	Request for expedited examination of a design application	

Other fee (specify) _____
Other fee (specify) _____* Reduced by Basic Filing Fee Paid **SUBTOTAL(3) (\$) []****SUBMITTED BY**

Name (Print/Type)	Angela Marie Stone	Registration No. (Attorney/Agent)	41,335	Complete (if applicable)	
Signature	Angela Marie Stone	Telephone	(513) 634-9397	Date	06/21/01

WARNING: Information on this form may become public. Credit Card information should not be included on this form. Provide credit card information and authorization on PTO-2038.

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